

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

(10) 597999

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
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TOTAL DEP.							
TOTAL CLAIMS							